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# CERTIFICATE OF FACSIMILE TRANSMISSION TO THE UNITED STATES PATENT AND TRADEMARK OFFICE

**DATE:** July 6, 2005

TO: Examiner: Nguyen, Phuongchi T. :

Art Unit: 3616

Fax: (703) 872-9306

From: Bruce T. Atkins.

RE: U.S. Patent Application

Serial No.:10/791,245

Applicant: Sean Patrick McCarthy et al.

Atty. Dkt. No.: 18095

#### DOCUMENTS SUBMITTED WITH TRANSMISSION:

- Amendment in response to the Office Action dated May 20, 2005 (8 pgs)
- Amendment Transmittal and Certificate of Mailing/Transmission (3 pgs.)
- Informational Disclosure Statement Transmittal (2 pgs);
- Information Disclosure Statement Form 1449/PTO (1 pgs.)
- Cited References (32 pgs.)

Total pages including cover page: 140

If all pages are not received, please contact: Lisa Schodrowski at Ext. 7447

RE: The above-referenced U.S. Patent Application

Title: Coaxial Cable Connector With Improved Shielding

Filed: March 2, 2004

#### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: July 6, 2005

Bruce T. Atkins Reg. No. 43,476

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#### PATENT 18095 (AT20958-1034)

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Sean Patrick	McCarthy, et al.	:
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Art Unit: 3616

Serial No.: 10/791,245

Examiner: Nguyen, Phuongchi T.

Filed: March 2, 2004

For:

Coaxial Cable Connector With

Improved Shielding

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### TRANSMITTAL

- Transmitted herewith is:
  - Amendment in response to the Office Action dated May 20, 2005 (8 pgs)
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  - Cited References (32 pgs.)

#### **STATUS**

2.	Applicant	t
		claims small entity status.
		is other than a small entity.

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.82)

r nervoy certary that this correspondence is, on the	ie date snown below, being:			
MAILINGdeposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, Alexandria, VA 22313-1450, Express Mail No.: EV US	FACSIMILE  X transmitted by facsimile to the Patent and Trademark Office to facsimile number (703) 872- 9306.			
Date: July 6, 2005	Bruce T. Atkins			
	D M- 42 456			

## **EXTENSION OF TERM**

3.	<ol> <li>The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.</li> </ol>							
	(complete (a) or (b), as applicable)							
	(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
	Extension for response Other than small Small entity within: entity Fee (if applications)							
		first month	\$	120.00	\$ 60.00			
	_	second month	\$	450.00	\$ 225.00			
		third month	\$	1,020.00	\$ 510.00			
	fourth month			,590.00	\$ 795.00			
	fifth month			,160.00	\$1,080.00			
				Fee:	\$			
If an	additional extensi	on of time is required, please	e co	nsider this a petit	ion therefor.			
		(Check and complete the next is	lem,	if applicable)				
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.								
Extension fee due with this request \$								
	OR							
(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.								

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# FEE FOR CLAIMS

4.	The fe	e for cla	ims (37	C.F.R. 1.16(t	b)-(d)) has i	been calculated as s	hown	below:
	(Col. 1) CLAIMS REMAINING		(Cal. 2)		(Cal. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY	
				MCHERTAIA				
		AFTER ENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL			MINUS		= .	x \$25.00 = \$		× \$50.00 = \$
INDEP.			MINUS		-	x \$100.00 = \$	<del>                                     </del>	x \$200.00 = \$
	FIR	ST PRESEN	TATION OF	MULTIPLE DEP. (	CLAIM	+\$180.00 = \$		+\$360.00 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONA FEE \$
	(a)		No add	itional fee for	r Claims is			
					OR			
•	(b) Total additional fee for claims required \$							
				FEE 1	PAYMENT	r		
5. Attached is a check in the sum of \$								
		Charge A dupl	Deposit	Account No his transmitt	o. 01-2384 t al is attache	he sum of \$ed.		
				FEE DI	EFICIENC	<b>Y</b>		
6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.						
	AND/OR							
	If any additional fee for claims is required, charge Deposit Account No. 01-2384.							
7.		Other:						
					Reg. ARM One l	e T. Atkins No. 43,476 ISTRONG TEASD Metropolitan Squarouis, MO 63102	ALE	

314-621-5070